

**Tier Two****EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORY**Specific  
Information  
by Chemical**Facility Identification**Name ALASKAN COPPER WORKS  
Street 3200 6TH AVE S.  
City SEATTLE County KING State WA Zip 98139SIC Code 34198Dun & Brad Number 00-925-5571**FOR  
OFFICIAL  
USE  
ONLY**

ID # \_\_\_\_\_

Date Received \_\_\_\_\_

**Owner/Operator Name**Name BILL ROSEN Phone 1206 1623-5800  
Mail Address 3200 6TH AVE S SEATTLE**Emergency Contact**Name JIM BROWN  
Phone 1206 1623-5800Title OPERATIONS MGR  
24 Hr. Phone 1206 1389-3003Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_Title \_\_\_\_\_  
24 Hr. Phone ( ) \_\_\_\_\_**Important: Read all instructions before completing form****Reporting Period**From January 1 to December 31, 19 92☐ Check if information below is identical to the information submitted last year.**Chemical Description**CAS 007697372 Trade Secret ☐Chem. Name NITRIC ACID SOLUTION  
42%Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name NITRIC ACID**Physical  
and Health  
Hazards**

(check all that apply)

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)**Inventory**Max. Daily Amount (code) 02  
Avg. Daily Amount (code) 01  
No. of Days On-site (days) 365Container  
Type  
Pressure  
TemperatureD14**Storage Codes and Locations  
(Non-Confidential)****Storage Locations**628 So HANFORD

Optional

CAS 007697372 Trade Secret ☐Chem. Name NITRIC ACID SOLUTION 10%Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name NITRIC ACID☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)Max. Daily Amount (code) 03  
Avg. Daily Amount (code) 03  
No. of Days On-site (days) 365A153200 6th Ave So.CAS         Trade Secret ☐

Chem. Name \_\_\_\_\_

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☐ Immediate (acute)  
☐ Delayed (chronic)Max. Daily Amount (code)   
Avg. Daily Amount (code)   
No. of Days On-site (days) **Certification** (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through \_\_\_\_\_, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

**Optional Attachments**

- ☐
- I have attached a site plan
- 
- ☐
- I have attached a list of site coordinate abbreviations
- 
- ☐
- I have attached a description of dikes and other safeguard measures

